



## ECHO Idaho: Healthcare Vitality CASE RECOMMENDATION FORM

ECHO Session Date: 10/16/24

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Thank you for presenting your case to the ECHO Idaho – Healthcare Vitality session.

**Summary:** Dr. M, a Family Medicine physician, eagerly started his solo practice in a rural Idaho town after buying it from a retiring physician. Although he enjoyed building relationships with patients and performing home visits, challenges soon emerged. He faced dissatisfaction from patients when he tried to reduce opioid use and require visits before prescribing antibiotics, causing some to transfer to a nearby NP. Additionally, the clinic's poor financial systems and patient bartering made it difficult to generate enough income. As financial pressures mounted, Dr. M took more night shifts at a distant hospital, which strained his family life and left him questioning whether his rural practice dream could be sustained.

### Questions:

- How would you coach Dr. M at this point?
- Is there a way that he can keep his rural practice and still be able to make a living to support his family?
- Frequently, wellness is negatively impacted by uninformed administrators who make decisions that cause harm to healthcare workers in the system, but in a rural practice the healthcare worker is responsible for their own wellness. How can you maintain wellness and wholeness in a rural practice where you are responsible for all of the decisions that impact you?

After review of the case presentation and discussion of this case among the ECHO Community of Practice, the following suggestions have been made:

### Recommendations:

#### Support and Resources:

- Dr. M needs a supportive and encouraging infrastructure to remain hopeful, with recommendations for systemic changes in billing, insurance, and patient relationships.
- There are tools and protocols that can help address financial and operational challenges in independent practice, and sharing successful models could benefit Dr. M.
- Leverage connections with others in similar situations through associations like the [Idaho Academy of Family Physicians](#), [Independent Doctors of Idaho](#), and regional/local medical societies that can provide support.
- If feasible, build a stable, supportive staff (including social workers), as staff members who are on board with new processes become champions of change and make transitions smoother.

#### Operational and Financial Challenges:

- Consider alternative practice models like direct primary care (where patients pay a flat, recurring fee directly to their physician for access to a range of primary care services; eliminating the need for traditional insurance billing)
- Given the increasing complexity of Medicare, Medicaid, and insurance billing, it might also be helpful for Dr. M to find someone with a business background in the community who can handle these aspects, potentially increasing income and easing the administrative burden.



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- Affiliating with a larger organization, such as a hospital, can offer administrative support and help independent physicians focus more on patient care, though it may not always be the best fit for the doctor or community. Another option could be incorporating the clinic as a nonprofit, which could provide access to federal funds and donations, while still allowing the physician to take a salary.
- Consider care management services through the patient's insurance company – These services could help alleviate the physician burnout, are often free, and staffed by RNs, LM and LCSWs with physician/medical director oversight.

### **Patient and Community Relationships:**

- Perhaps Dr. M could do some community education classes on anti-microbial stewardship and opioid management issues and why he is practicing differently. This would give him a chance to build trust with the community about his medical decision making AND perhaps even to bring in new patients.
- Changing patient expectations and routines, especially around medications and technology, can take years to adjust, and the process can be challenging from multiple angles.
- Forming alliances with social workers and engaging with the community through activities helps foster trust and mitigate fears about access to care

### **Work-Life Balance:**

- In a rural setting, being on call 24/7 is common, but boundaries can be set, such as limiting access to personal contact details. While the community expects availability, it's important to balance that with personal limits.
- Decisions about lifestyle and income are key—balancing financial obligations like mortgages and bills with the desire for flexibility and well-being is crucial for maintaining a sustainable practice and personal satisfaction
- There are options, but also trade-offs, so Dr. M will need to consider all of the options and prioritizing them, and then determine the impact of each option in light of his goals and expectations he had initially set for his practice

### **Guidance and Mentorship:**

- Dr. M would benefit from best practices and mentorship from a network of physicians who have successfully navigated similar challenges in rural healthcare.

### **Resources:**

[Idaho Academy of Family Physicians](#),  
[Independent Doctors of Idaho](#)  
[AHRQ Works: Physician Burnout](#)